



EVV Questions and Answers Forum

Q1. Does the Client pin code change per visit or is it always the same?

A1. The client/rp pin numbers is the same unless they change it.

Q2. What are the consequences if there are incorrect billing entries? Will we be able to correct it?

A2. By using our EVV app, approving the visits and those visits going through validation there is a very limited chance of sending incorrect claims. But if there are errors, you do have ability to edit the visit before billing.

Q3. Do you have instructional forms for clients to sign up for the software? Also, if a client doesn't want to sign the visit even though the staff has completed the task, can we approve the visit?

A3. We have client user guides in the help area that you can print to use. Yes the agency can approve the visit if the client doesn't.

Q4. So if it is going to be daily visit approvals, does that mean that paper timesheets won't be needed anymore?

A4. Exactly. Using EVV eliminates the need for paper timesheets. I wish we would have had this many years ago!

Q6. So the client's signature is needed after a shift with their staff?

A6. Clients/RP can sign at the time of the visit ends or they can log into their own app to sign at a later date.

Q7. Can you clarify the November and "Mid-December" deadline for implementation. Our agency provides both PCA and the other affected HCBS services.

A7. November dates are for those using the HHA exchange. December is for agencies using software companies such as Pavillio or Cashe.



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Q8. As a provider, are you able to clarify what we are responsible for if a staff does not have a compatible device(cell phone or land line) for EVV capture?

A8. DHS has not provided any guidance on this.

Q9. Does the data pulled to payroll also round to the 15 minute?

A9. Data pulled to payroll can either round to 15 minutes or pay actual minutes.

Q10. How are FMS agencies handling CDCS workers that are hourly workers, but under a different modifier like Treatment and Training?

A10. Great question. This can be addressed during your FMS demo. I will be sending an email shortly to assist with scheduling it.

Q11. Will users that act as both RP and employee need separate emails to login?

A11. No, in Pavillio the RP and employee are able to use the same email address and when they log in, they will select the role they're performing.

Q12. Probably a silly question, but I'm guessing having a picture of the client on the app/portal is optional?

A12. yes it is optional

Q13. does the in/outs round up/down for the 15 min increments that get billed to the state for PCAs?

A13. Yes we use the 7/8 rules for visit records to round the visit duration and then it is billed to the state.

Q14. If a RP is listed as an emergency contact why do you have to delete them as a contact to enable them as a RP user? Then add them back as an emergency Contact?

A14. A contact record can be used for multiple types of contacts. If you experience this again please email our support team so that we can assist and help trouble shoot with you.



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Q15. Has DHS determined an implementation date? Or are they going to extend it once again in December?

A15. Right now the implementation date for Wave 2 is still planned to go live mid-December. We've not heard of any delay at this time.

Q16. would clients be their own responsible party within Pavillio if they do not have a registered RP?

A16. Clients can be their own RP however some clients have an RP other than themselves.

Q17. What happens for billing, once mid-December comes, if the app isn't working when the employee provides care to the client? How long will DHS accept manual entry do you think? I'm wondering about connection issues or app glitches--we've seen both as we've started.

A17. You will still be able to bill using paper timesheets in mid-december. We believe that the roll out will be over a period of time like 4-6 months. During this time you will be able to bill manually.

Q18. Will there ever be an option for the client to sign on the caregiver's device after the visit is completed? For example, the client to sign the day after the visit was performed?

A18. If the visit is saved as a draft, then the caregiver and the client can sign it at a later date when submitting but if caregiver signed it, then the client cannot sign on the caregivers phone the next day.

Q19. Will we be going over on how to clock people in and out when off-site and how to enter in service notes?

A19. Hi Brady, yes, we will do a demo a bit later on. Care locations can be added in the client profile and documentation is done before submitting the visit record.

Q20. Does the information in the EVV app convert to a timesheet in Pavillio for billing?

A20. Yes the visit info in the EVV app converts to a single entry on a timesheet and then it will flow into billing.



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Q21. 1. Are Live-in Caregivers exempted from EVV in the state of MN? Does this mean they can continue filling out paper timesheets. In terms of Live-In Caregivers. How does the agency determine if the PCAs is considered a Live-in Caregiver. Do they need to show proof of ID that they live together? Majority of my clients lives with their PCAs but their addresses is listed differently. Does that make them a live-in caregiver also if they don't have the same address as the client?

A21. Live in caregivers are exempt from real-time clock in/clock out. We encourage them to use the manual time entry in the EVV App so your agency internal process for approving time would be consistent for both live-in and other caregivers. For live-in caregivers, we will have an attestation in the app that will allow the manual time entry to continue for these caregivers on a regular basis and they can continue to enter in up to 7 days at a time.

Q22. How many clients are you required to roll in by December 31st?

A22. You are required to be making an attempt of rolling out EVV to caregivers. When I work with agencies, I suggest 10% of caregiver base should be using EVV by end of year. Of course, you will continue to rollout. DHS has not given any guidance yet though.

Q23. HHA's EVV solution requires recipients to have internet and computer access to approve visits through a web site and they do not have a phone app for recipients to accomplish this task. How does Cashe's version meet the client approval requirement?

A23. The client/RP is able to approve time on the caregivers device with a pin number if they're present at the end of the visit. They also have their own credentials to log in to the client/RP app and can approve the time right from the app. We do have a browser option as well.



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Q24. What happens if the intended service that you clock in for differs from the actual service performed and you need to change which service (i.e. PCA or In home Supports) was performed. Can this be changed at the clock out or anytime after?

A24. Yes, there are some changes that can be made. you can delete a visit, you can change the visit and you can edit some of the details of the visit. there are some limitations

Q25. When is the visit data sent to the aggregator? is it in real time or in batches and does the agency have any control over when the data is sent?

A25. Data is sent after the billing for the record is sent. The only way to control when the data is sent is by holding billing back. (its not a suggested approach)

Q26. where do you find the state Medicaid ID associated with Tax ID and NPI?

A26. The agency owner or accountant will have this information for your agency.